

Date Completed:

My Health LA

REQUEST TO DELETE CLINIC SITE

(CLICK IN WHITE BOXES TO COMPLETE FORM)

<input type="checkbox"/> PERMANENT DELETION	EFFECTIVE DATE:	
<input type="checkbox"/> TEMPORARY CLOSURE	FROM:	TO:

Clinic Site Name:			
Address:			
City/State:		ZIP Code:	

Reason for permanent/temporary closure of Clinic Site:

Identify below the approved MHLA Medical Home where participants are to be transferred to:

Clinic Site Name:			
Address:			
City/State:		ZIP Code:	

Date Notification sent to Participant:	
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Please attach a copy of the notification notice to the Participants.